

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10677378

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		2				
6		3				
7		3				
8		3				
9		3				
10		1				
11		3				
12		3				
13		3				
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17	1					
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19		2				
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TOTAL IND.	2					
TOTAL DEP.		1				
TOTAL CLAIMS	4					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						